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December 6, 2002

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To: Community Based Alternatives (CBA) Providers  
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Primary Home Care (PHC) Providers

Subject: Long Term Care (LTC)  
Information Letter No. 02-36  
Adult Medicaid Clients to Pay Co-payments

The 77th Texas Legislature included cost savings provisions for Medicaid in the General Appropriations Act. One initiative developed by the Health and Human Services Commission (HHSC) is to generate cost savings to the state by charging co-payments for some Medicaid services to adult Medicaid clients. This policy will be implemented on December 16, 2002.

This new policy applies to the Texas Department of Human Services (DHS) Medicaid clients receiving services under the Medicaid community care programs listed above. The November and December 2002 Med ID stuffer provided information to clients about the new co-payment policy.

We are sharing this information with the providers so you are aware of this change and your staff can answer any questions that our clients may ask your staff regarding this change. Attached are some documents that have been prepared to educate the public on this new policy. The client can also call the Medicaid Hotline at 1-800-252-8263 if they have any questions regarding this policy.

Below are some key points that we feel provider staff need to be aware of:

- The Medicaid clients of the programs listed above, **age 19 and older**, will be charged a small co-payment for certain medical services.
- Co-payments will be charged for only two services:

- 1) Non-emergency services received in a hospital emergency room, and
  - 2) Prescription medications.
- The co-payments are:
    - 1) 50 cents for generic medications,
    - 2) \$3.00 for brand name medications, and
    - 3) \$3.00 for non-emergency visits to a hospital emergency room.
  - Individuals **cannot** be denied these services if they cannot pay the co-payment.
  - Information about who is asked to pay co-payments is printed on the individual's monthly Medicaid ID letter, Form 3087.
  - Pharmacies and hospitals can bill individuals if they do not pay the co-payment.
  - In order to provide proof that co-payments have been made up to the \$8.00 monthly limit, individuals can:
    - 1) Keep and show their receipts at the point of service;
    - 2) Ask the pharmacy and/or the hospital staff to write their payments on their Form 3087 as proof they paid the co-payments, and/or
    - 3) Maintain some other document to give to the pharmacy or hospital staff to complete to prove co-payments were made.
  - Individuals should maintain the proof that co-payments have been made with their Medicaid ID letter, Form 3087.

Attendants that pick up RX's for the clients should especially be made aware of the above policy. Since this policy is intended as a cost saving provision for Medicaid, these co-payments cannot be paid as an adaptive aid waiver service. If you have any questions, please contact Gerardo Cantú at 512-438-3693.

Sincerely.

**Signature on file**

Becky Beechinor  
Assistant Deputy Commissioner  
Long Term Care Services

BB:ck

**MEDICAID CO-PAY**  
**FREQUENTLY ASKED QUESTIONS**  
**--For Use by Customer Service/Hotline Staff and Others—**

**Background**

Article II, Special Provisions of the Medicaid Cost Containment Rider 33 (k) General Appropriations Act for the 2002-2003 state fiscal biennium identified cost savings strategies that would generate cost savings for the Medicaid Program. Medicaid co-payments are included in these strategies. Beginning on or after December 16, most adult Medicaid recipients will begin paying co-payments for prescription medication and non-emergency services provided in the hospital emergency department.

**Purpose**

The following questions and answers provide some guidance for customer service telephone staff and others who are responsible for providing information to Medicaid recipients.

**1. What is a “co-payment?”**

A “co-payment” is a small amount of money that you pay for medical services. This is also called a “co-pay.” Co-pays are a way to share in the cost of your medical services and prescription medicines.

**2. What services will have co-payments?**

The services requiring a co-pay are prescription medicines and non-emergency visits to hospital emergency rooms.

Note: There is no co-pay for over-the-counter medicine prescribed by the doctor. There is no co-pay for family planning supplies such as birth control pills or other prescribed contraceptive items. There is no co-pay for a visit to your doctor’s office.

**3. Who will have to make co-payments?**

- Most adults age 19 and older will be required to make co-payments.
- Adults, living in the community, who receive Medicaid because they have a disability, are elderly, receive Temporary Assistance to Needy Families (TANF), or TANF related
- Adults receiving community-based long term care services.
- Adults in Medicaid managed care areas (STAR, NorthSTAR, and STAR+PLUS).

**Who will NOT have to make co-payments?**

- Children under age 19.
- Pregnant women. Pregnant women should tell their pharmacy or the emergency room staff that they are pregnant.
- Individuals living in state schools, nursing homes, or other institutions
- Individuals receiving hospice services.

<b>CO-PAYS ARE REQUIRED FOR ADULTS AGE 19 AND OLDER IN THE FOLLOWING PROGRAMS:</b>	<b>CO-PAYS ARE <i>NOT</i> REQUIRED FOR:</b>
TANF	Children under 19
TANF-SP (Two parent households)	Pregnant women
Transitional Medicaid	State School residents
Medically Needy Program (without spend down)	Nursing home residents
SSI	Institution residents
Community Based Alternative (CBA)	Hospice services recipients
Community Living Assistance and Support Services (CLASS)	PACE Program participants
Medically Dependent Children Program (MDCP) 19 and over	Foster care and adoption subsidy children of all ages
Deaf Blind/Multiple Disability Program (DB/MD)	
Home and Community Based Services (HCS)	
Home and Community Based Services OBRA (HCS-O)	
Mental Retardation Local Authority Program (MRLA)	
Disabled Adult Children	
TP22 (a disabled category)	

**4. How much will I have to pay?**

50 cents for each generic medicine.

\$3.00 for each brand name medicine.

\$3.00 for a non-emergency visit to an emergency room.

The most you will have to pay each month is \$8.00 per person. After you have paid \$8.00 in co-payments for the calendar month, you do not have to make co-payments again until the 1<sup>st</sup> day of the next month. Your total of \$8.00 includes both prescription and ER co-pays.

You need to keep track of how much you spend on co-pays each month. Always ask for a receipt when you pay. Keep your receipts with your Medicaid card and papers. Once you have spent \$8 in any month, you need to tell the pharmacy or

hospital staff that you have already spent your full amount for the month. You can use your receipts to show that you have paid the \$8 for the month. The pharmacy or hospital is allowed to ask you for previous unpaid co-payments. Hospitals and pharmacies may also send bills to you for unpaid amounts. (See #5)

**5. What if I can't pay?**

You should always try to pay your co-payment at the time of service, but if you cannot pay, you will still receive your medical service or prescription medicine. It is important to get needed care, even if you cannot pay. However, you are responsible for making the co-pay at the time of service.

The pharmacy or hospital may send you a bill or ask you for any co-pays that you did not make in previous months. But if you still cannot pay it, you will receive the medical service or prescription medicine you need.

So, always ask for a receipt when you pay your co-payment and keep your receipts with your Medicaid card and papers in case you need to show them to the pharmacy or hospital emergency room.

**6. If I can't pay the whole amount, can I pay for part of the payment?**

Yes, but you are encouraged to always pay the full amount.

**Note to customer service/hotline staff regarding co-pay complaints**

If a caller contacts your customer service/hotline number and reports that they were refused services because they couldn't make the co-payment, follow this procedure:

1. Emergency Room Service Denied: Assist the client by connecting with the Medicaid Hotline at 1-800-252-8263 and report this. The Medicaid Hotline will assume responsibility for resolution.
2. Pharmacy Service Denied: Assist the client by connecting them with the HHSC Regional Pharmacist (list attached). The Regional Pharmacist will assist the client and will provide resolution. DO NOT give the Regional Pharmacist phone numbers out to recipients.

**7. Who do I make the co-payments to?**

For prescriptions, you will pay the pharmacy when you pick up your medicine. For non-emergency visits to the emergency room, you will pay the hospital. Staff in the emergency room will tell you where to pay.

**8. What is a generic medicine?**

A generic medicine is a safe, less costly medicine that works the same as a brand name medicine. Talk to your doctor about whether or not a generic medicine would be a good choice for you.

**9. What is an emergency? When should I go to the emergency room?**

You have an emergency medical need if you think the condition is life-threatening; if you are in serious pain; or if serious harm could come without immediate medical attention.

Some examples of when to go to the emergency room are:

- Someone may die
- Someone has a serious injury to his/her arm, leg, hand, foot, or head.
- Someone has a severe burn
- Someone has bad chest pains
- Someone has a severe allergic reaction or has an animal bite
- Someone cannot breathe or is choking
- Someone has passed out or is having a seizure
- Someone has trouble controlling his or her behavior and without immediate treatment is dangerous to self or others.
- Someone is sick from poison or a drug overdose
- Someone has a broken bone
- Someone is bleeding a lot
- Someone has been attacked (raped, stabbed, shot, beaten)
- Someone is about to deliver a baby
- Someone suddenly cannot move their arms, legs, head

*If you are not sure whether or not to go to the emergency room, call your doctor.*

**10. What if I don't have a doctor?**

If you or your child is enrolled in a managed care health plan, call the plan to find a doctor.

If you are in traditional Medicaid, call the Medicaid Hotline at 1-800-252-8263, for help in finding a doctor.

**11. Who decides if I have to make a co-payment for receiving emergency room services--the hospital or me?**

The hospital emergency room staff will decide if you should make a co-payment.

**12. Is there a co-pay charge for going to my doctor's office?**

No, there is no co-pay required for going to your doctor's office.

**13. Why are co-pays required for prescriptions and non-emergency visits to the emergency room?**

Co-pays encourage Medicaid recipients to be aware of the costs of prescription medicines. Whenever possible generic medicines should be used rather than more expensive brand name medicines. Be sure and talk to your doctor about your prescription and if a generic is possible.

Co-pays also encourage Medicaid recipients to go to their regular doctor for routine care rather than going to the emergency room for routine care. Your doctor's office is a more appropriate place to get routine care. Your doctor knows you, your health history, and the medicines you are taking. Your doctor can follow up on your visit and coordinate your care. The emergency room is the place to go for emergencies—not for routine care.

**14. What is routine care?**

Routine care is the care you receive when you are sick or have a minor injury. Some examples of conditions requiring routine care would be if you have the flu, a fever, a sore throat or an earache. Checkups are also considered routine care.

**15. How will I know if I am required to make a co-payment?**

Your monthly Medicaid ID letter will have a note next to the name of every person which will say “Co-pay” or “No Co-pay”.

**16. Does the co-pay change my prescription benefit?**

No. Monthly prescription benefits do not change as a result of co-payments. If you are on a 3 prescription limit, that will not change. There is only one co-pay for each prescription filled no matter how many pills the doctor prescribed. Some doctors prescribe 60-90 day supplies.

# Frequently Asked Questions About Medicaid Co-payments

Adults on Medicaid will make copayments beginning on or after December 16, 2002.

## How much will I have to pay? For what service?

- ❖ 50 cents for each generic medicine.
- ❖ \$3.00 for each brand name medicine.
- ❖ \$3.00 for a non-emergency visit to an emergency room (E.R.).

The most you will have to pay each calendar month is \$8.00 per person for all copays. After you have paid \$8.00 in copayments for the calendar month, you do not have to make copayments again until the 1<sup>st</sup> day of the next month.

Keep track of how much you've paid. Keep your receipts. Once you have spent \$8 in any month, you tell the pharmacy or hospital staff that you have already spent your full amount for the month.

## What if I can't pay?

You should always try to pay your copay, but if you cannot pay, you will still receive the service. It is important to get needed care, even if you cannot pay.

If you cannot afford your copayment, a pharmacy or emergency room **may not deny you services; however you are responsible for making the co-pay.** The pharmacy or hospital may send you a bill for any copays that you do not make. Or they may ask you for these co-pays at your next visit.

## What is a "copayment?"

A "copayment" is a small amount of money that you pay for medical services. This is also called a "copay." Copays are a way to share in the cost of your medical services and prescription medicines.

## What services do not have copayments?

- No copay for over-the-counter medicine prescribed by the doctor.
- No copay for birth control pills or other prescribed contraceptive items.
- No copay for a visit to your doctor's office.

## Do I still get the same number of prescriptions each month?

*Yes. Also, if you receive a 60-90 supply of medicine, there is only one co-pay.*

## Who will have to make copayments?

- **Most adults 19 years and older:**
  - ❖ Adults, living in the community, who receive Medicaid because they have a disability, are elderly, receive SSI, receive Temporary Assistance to Needy Families (TANF), or they are low-income parents.
  - ❖ Adults receiving community-based long term care services.
  - ❖ Adults in Medicaid managed care areas (STAR, NorthSTAR, and STAR+PLUS).
- **Your monthly Medicaid ID letter will have a note next to the name of every person that will say "Copay" or "No Copay."**

## Who will NOT have to make copayments?

- Children under age 19.
- Pregnant women. Pregnant women should tell their pharmacy or the emergency room staff that they are pregnant.
- Individuals living in state schools, nursing homes, or other institutions
- Individuals receiving hospice services.

## What if I need to see a doctor? Can't I just use the E.R.?

**Use the emergency room for real emergencies. See your doctor for routine care.**

You have an emergency medical need if you think the condition is life-threatening, if you are in serious pain; or if serious harm could come without immediate medical attention. Routine care is the care you receive when you have a minor illness or a minor injury. Checkups are also considered routine care. ***If you are not sure whether or not to go to the emergency room, call your doctor. If you don't have a doctor, please call 1-800-252-8263 and we will help you find one.***

## Co-pays for generic medicine are only 50 cents. Does that mean it's not as good? Why should I take a generic medicine?

- Generic medicines are safe and effective.
- Generic medicines, when available, result in savings for the patient as well as the Medicaid program.

*Ask your doctor or pharmacist if a generic medicine is right for you.*

# Preguntas frecuentes sobre los copagos de Medicaid

Los adultos que tienen Medicaid harán copagos a partir del 16 de diciembre de 2002.

## ¿Cuánto tendré que pagar y por cuáles servicios?

- ❖ 50 centavos por cada medicamento genérico.
- ❖ \$3.00 por cada medicamento de marca.
- ❖ \$3.00 cada vez que vaya a la sala de emergencias sin tener una emergencia.

La máxima cantidad en copagos que tendrá que pagar cada mes es \$8.00 por persona. Después de pagar \$8.00 en copagos en un mes calendario, no tendrá que hacer más copagos hasta el primer día del siguiente mes.

Lleve la cuenta de lo que ha pagado. Guarde sus recibos. Una vez que haya gastado \$8.00 en un mes, dígame al personal de la farmacia u hospital que ya pagó la cantidad total para ese mes.

## ¿Qué pasa si no puedo pagar?

Siempre debe tratar de hacer el copago, pero si no puede pagar, de todos modos puede recibir el servicio. Es importante que reciba el tratamiento necesario, aunque no pueda pagar. Si no le alcanza para el copago, la farmacia o la sala de emergencias no puede negarle los servicios; pero usted es responsable por pagar el copago. La farmacia o el hospital puede mandarle un cobro por cualquier copago que usted no pague. También pueden cobrarle por esos copagos en su próxima visita.

## ¿Qué es un copago?

Un "copago" es una pequeña cantidad de dinero que paga por recibir servicios médicos. El sistema de copagos es una manera de repartir el costo de los servicios médicos y los medicamentos recetados.

## ¿Para cuáles servicios no se tendrán que hacer copagos?

- Para los medicamentos recetados por el doctor que se venden sin receta.
- Para las pastillas anticonceptivas u otros artículos anticonceptivos recetados.
- Para las consultas con el doctor.

## ¿Recibire el mismo número de medicamentos recetados cada mes?

- Sí. Además, si usted recibe medicamentos para 60-90 días, solo hay que hacer un solo copago.

## ¿Quién tendrá que hacer copagos?

- **La mayoría de los adultos de 19 años o más:**
  - ✧ Los adultos que viven en la comunidad que reciben Medicaid debido a que tienen una discapacidad, son de edad avanzada, reciben SSI, reciben Asistencia Temporal a Familias Necesitadas (TANF) o son padres de bajos recursos.
  - ✧ Los adultos que reciben servicios de atención a largo plazo en la comunidad.
  - ✧ Los adultos que viven en las áreas de servicio donde hay atención médica administrada de Medicaid (STAR, NorthSTAR y STAR+PLUS).
- **En la forma de identificación de Medicaid que recibe cada mes, aparecerá al lado del nombre de cada persona una nota que dice "Copay" o "No Copay".**

## ¿Quiénes no tendrán que hacer copagos?

- Los niños y jóvenes menores de 19 años.
- Las mujeres embarazadas. Estas mujeres deben informarle al personal de la farmacia o sala de emergencias de su embarazo.
- Las personas que vivan en escuelas estatales, casas para convalecientes u otras instituciones.
- Las personas que reciben servicios de hospicio.

## ¿Qué hago si necesito ver al doctor? ¿No puedo ir a la sala de emergencias?

**Use la sala de emergencias para verdaderas emergencias. Vaya al doctor para la atención de rutina.** Una necesidad médica de emergencia existe si cree que el problema pone en peligro su vida, tiene dolor fuerte o si algo grave podría pasarle si no recibe atención médica inmediatamente. La atención de rutina es la atención que recibe cuando tiene una enfermedad leve o una lesión menos grave. Los chequeos se consideran atención de rutina. **Si no está segura si debe ir a la sala de emergencias, llame a su doctor. Si no tiene doctor, favor de llamar al 1-800-252-8263 y le ayudaremos a encontrar uno.**

## Las medicinas genéricas tienen un copago de sólo 50 centavos. ¿Quiere decir eso que no son tan efectivas? ¿Qué gano con tomar una medicina genérica?

- Las medicinas genéricas son seguras y eficaces.
- Las medicinas genéricas, cuando están disponibles, les ahorran dinero al paciente y al programa de Medicaid también.

*Pregunte al doctor o farmacéutico si a usted le conviene una medicina genérica.*

**Para hacer preguntas o quejarse de una farmacia o sala de emergencias que le negó servicio, favor de llamar a la Línea Directa de Medicaid al 1-800-252-8263, de lunes a viernes, de las 7:30 A.M. a las 5:30 P.M. (hora central)**  
Llame a Relay TX al 1-800-735-2989 (TDD/TTY) o al 1-800-735-2988 si es sordo o tiene problemas del oído.

# A CHANGE TO MEDICAID

## ADULTS ON MEDICAID ARE NOW MAKING COPAYMENTS

### What if I can't pay?

You should always try to pay your copayment, but if you cannot pay, you will still receive the service. It is important to get needed care, even if you cannot pay.

If you cannot afford your copayment, a pharmacy or emergency room **may not deny you services; however, you are responsible for making the copay.** The pharmacy or hospital may send you a bill for any copays that you do not make. Or they may ask you for these copays at your next visit.

### All About Copayments

**As of December 16, 2002** most adults 19 years and older are required to make copayments for some Medicaid services.

A “**copayment**” is a small amount of money that you pay for medical services. This is also called a “copay.” Copays are a way to share in the cost of your medical services and prescription medicines.

**Your monthly Medicaid ID letter** will tell you if you have to make copayments or not. There will be a note next to every person on the letter that says “Copay” or “No Copay.”

**Pregnant women** do *not* have to make copayments. If you are pregnant, tell the pharmacist or hospital emergency room staff. Remind them that you do not have to make copayments.

Monthly **prescription benefits do not change** as a result of copayments. Also, there is **only one copay for each prescription filled** no matter how many pills the doctor prescribed.

**Generic medicines** cost 50 cents for each prescription filled.

**Brand name medicines** cost \$3.00 for each prescription filled.

**Non-emergency visits** to a hospital emergency room cost \$3.00.

### Most Services Do Not Require a Copay

Here are some examples of Medicaid services that **do not** require a copay:

- over-the-counter medicine prescribed by your doctor
- birth control pills or other prescribed contraceptive items
- visits to your doctor's office
- inpatient hospital
- lab and x-ray

### ⌘ Monthly \$8.00 Copay Maximum

**The most you will have to pay each calendar month is \$8.00 per person.** This includes all the copays you make to pharmacies *and* to hospital emergency rooms. After you have paid \$8.00 in copayments for the calendar month, you do not have to make copayments again until the 1<sup>st</sup> day of the next month.

**You must** keep track of the copayments you make. You may:

1. **Keep all of your copay receipts and carry them with you.** You could clip the receipts to your monthly Medicaid ID letter;
2. Ask the pharmacist or hospital emergency room worker to make a note on your monthly Medicaid ID letter with the amount you have paid;
3. Keep other documents or papers showing how much you have paid in copayments.

**The pharmacist or hospital emergency room staff may ask you to show proof of the copays you have made. They will expect you to make a copay until you have proof that you have paid \$8.00 for the month. Keep this proof with your monthly Medicaid ID letter.**

If you have not paid the full \$8.00 maximum copay amount for any previous month, the pharmacy or hospital may add unpaid copays to your current bill.

To ask questions or to complain about a pharmacy or emergency room that has denied you a service, please call the Medicaid Hotline at **1-800-252-8263 Monday – Friday, 7:30 A.M. – 5:30 P.M. Central Standard Time**  
Call Relay TX at 1-800-735-2989 (TDD/TTY) or 1-800-735-2988 if you are deaf or hearing impaired.

*Texas Health and Human Services Commission*

# MEDICAID HA CAMBIADO

## AHORA LOS ADULTOS QUE TIENEN MEDICAID HACEN COPAGOS

### ¿Qué pasa si no puedo pagar?

Siempre debe tratar de hacer el copago, pero si no puede pagar, de todos modos recibirá el servicio. Es importante que reciba el tratamiento necesario, aunque no pueda pagar.

Si no le alcanza para el copago, la farmacia o sala de emergencias **no puede negarle los servicios; sin embargo, usted es responsable de pagar el copago.** La farmacia o el hospital puede mandarle un cobro por cualquier copago que usted no pague. O, pueden cobrarle esos copagos en su próxima visita.

### Información sobre los copagos

**A partir del 16 de diciembre de 2002**, la mayoría de los adultos de 19 años o más tienen que hacer copagos por algunos servicios de Medicaid.

Un **“copago”** es una pequeña cantidad de dinero que paga por recibir servicios médicos. El sistema de copagos es una manera de repartir el costo de los servicios médicos y los medicamentos de receta.

**La forma de Medicaid que recibe cada mes**, le dirá si tiene que hacer copagos o no. En la forma, aparecerá una nota al lado del nombre de cada persona que dice **“Copay”** o **“No Copay”**.

**Las mujeres embarazadas** no tienen que hacer copagos. Si está embarazada, avísele al farmacéutico o al personal de la sala de emergencias del hospital. Acuérdelos que no tiene que hacer copagos.

El **beneficio de recetas médicas no cambia** por haber copagos. Además, sólo tiene que hacer **un copago por cada receta que surta**, no importa el número de pastillas que recete el doctor.

Copago de **medicamento genérico** cuesta 50 centavos por cada receta que surta.

Copago de **medicamento de marca** cuesta \$3.00 por cada receta que surta.

Copago de **visita a la sala de emergencias** del hospital, que no sean para una emergencia, cuesta \$3.00.

### **La mayoría de los servicios no exigen copago**

Éstos son unos ejemplos de los servicios de Medicaid que no exigen copago:

- medicamentos que se venden sin receta recetados por su doctor
- píldoras anticonceptivas u otras recetas para la planificación familiar
- visitas al consultorio de su doctor
- hospitalización como paciente interno
- servicios de laboratorio y radiologías

### **⌘ Copago mensual máximo: \$8.00**

**Lo máximo que tendrá que pagar cada mes calendario es \$8.00 por persona.** Esta suma incluye todos los copagos que haga a las farmacias y a las salas de emergencias de los hospitales. Después de que pague los \$8.00 en copagos por el mes calendario, no tendrá que hacer más copagos hasta el primer día del siguiente mes.

**Usted tiene que llevar la cuenta** de los copagos que hace. Puede:

1. **Guardar todos los recibos de copagos y llevarlos con usted.** Puede adjuntar los recibos a la forma de Medicaid que recibe cada mes;
2. Pedir que el farmacéutico o el empleado de la sala de emergencias del hospital anote en la forma de Medicaid la cantidad que pagó;
3. Guardar otros documentos o papeles que muestran cuánto pagó en copagos.

**Es posible que el farmacéutico o el personal de la sala de emergencias del hospital le pida pruebas de los copagos que ha hecho. Si no demuestra que ya pagó los \$8.00 del mes, esta persona espera que usted haga el copago. Guarde las pruebas con la forma de Medicaid que recibe cada mes.**

Si en algún mes queda debiendo algún copago, la farmacia u hospital puede agregar este copago a la cuenta actual.

**Si tiene preguntas o quiere quejarse de una farmacia o una sala de emergencias que le negó servicio, favor de llamar a la línea directa de Medicaid al 1-800-252-8263 de lunes a viernes, de las 7:30 A.M. a las 5:30 P.M. hora central. Llame a Relay TX al 1-800-735-2989 (TDD/TTY) o al 1-800-735-2988, si es sordo o tiene problemas del oído.**

*Comisión de Salud y Servicios Humanos de Texas*